

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90082 036 ****61.25

DOCUMENT # 703490

1. Entity Name

POMPANO BEACH FIRST METHODIST CHURCH QUARTERLY C

First United Methodist Church of Pompano Beach, Inc.

Principal Place of Business

Mailing Address

210 N.E. 3RD STREET
 POMPANO BEACH FL 33060-3651

210 N.E. 3RD STREET
 POMPANO BEACH FLA 33060-6651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0718496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JAMES M
1701 E. ATLANTIC BLVD.
SUITE 4
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DST	<input type="checkbox"/> Delete
NAME	LEE, SANDRA	
STREET ADDRESS	311 NW 42ND CT, #206	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, RICHARD	
STREET ADDRESS	342 SW 33RD AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	VCD CD	<input type="checkbox"/> Delete
NAME	STEWART, JACK	
STREET ADDRESS	5790 SW 5 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARR, JERRY	
STREET ADDRESS	211 SW 17 ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, OSCAR	
STREET ADDRESS	611 NE 2ND ST	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLE, STEVE	
STREET ADDRESS	1136 NE 2ND ST	
CITY-ST-ZIP	POMPANO BCH FL 33060	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenall, Colin	
STREET ADDRESS	1360 SW 4 Terrace	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fisher, Alice	
STREET ADDRESS	2651 Palm Air Dr., S. #301	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, Rick	
STREET ADDRESS	8304 SW 1 Manor	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Gail	
STREET ADDRESS	611 NE 2 Street	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beswick, Renay	
STREET ADDRESS	2501 NE 4 St.	
CITY-ST-ZIP	Pompano Beach, FL 33062	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Vaughn 4-28-2000 954-943-0404

Date

Daytime Phone #

CR2E037 (9/99)